PREMATURITY (142)

PARTICIPANT TYPE	. INFANTS, CHILDREN (12-14 MONTHS OLD)
HIGH RISK	No

RISK DESCRIPTION:

Birth at less than or equal to 37 weeks gestation

Ask About:

- Infant's need for human milk fortifier or special formula
- Caregiver's knowledge of feeding needs and ability to follow feeding instructions
- Growth history
 - Anthropometric measurements for premature infants enrolled in the WIC Program are adjusted for gestational age until 2 years of age when plotted on the CDC growth charts.
- Other medical complications or conditions affecting nutritional status and feeding such as cerebral palsy, respiratory conditions, malabsorption problems, etc.
- Medications that may affect nutrient needs or absorption
- Feeding relationship especially for older infants and toddlers when adequate weight gain has been on ongoing concern
- Access to ongoing health care and follow-up.

NUTRITION COUNSELING/EDUCATION TOPICS:

- Reinforce any diet and feeding instructions from their physician or neonatal dietitian.
- Developmental feeding cues are more important than chronological age when determining readiness for new foods and textures.
- Review relevant feeding guidelines for adjusted age including:
 - Breastfeeding problems and concerns;
 - Foods, amounts and feeding/breastfeeding frequency;
 - Parent's awareness of hunger and satiety cue;
 - Waking a sleepy infant for feedings; and
 - Proper formula dilution and sanitary formula preparation.
- Discuss the feeding relationship and the child's responsibility to decide how much to eat. If adequate weight gain is a concern, suggest strategies for increasing the caloric density of the foods offered.

Possible Referrals:

- Refer the child to the Right Track Program for early intervention services (http://www.nd.gov/dhs/services/disabilities/earlyintervention/parent-info/right-track.html).
- Follow-up with the infant's physician as needed regarding medical documentation for human milk fortifier or special formula.